

Construction Morphology applied to the analysis of medical neologisms in the Middle Ages: benefits and challenges

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The purpose of this paper is to show how Construction Morphology (Booij 2010) can be fruitfully applied to the morphological analysis of medical neologisms, created in the Middle Ages. In our research project, we are investigating why certain French neologisms which emerged in the field of medicine during the Middle Ages managed to survive in modern French, like *fistule* (“fistula”), while others, *festre* (“fistula”) and *afistuler* (“form a fistula”) for example, disappeared after some time. Our study is based on a corpus of medieval medical texts, CHrOMed or Historical Corpus Of French MEDical texts (1.363.499 words), containing both translations from Latin and texts directly written in French from the 13th, 14th and 15th centuries.

We consider all terms created during the Middle Ages as neological, even when they were not coined in the texts of our corpus, except “hereditary” words. Since French originates from Latin, plenty of French terms have evolved from Latin words and went through phonetic changes. *Festre*, for example, is a “hereditary” form which can be traced back to the Latin etymon *fistula*. All analyzed neologisms belong to the medical field of medieval pathology. They have been identified on the basis of etymological information found in the most important dictionaries of French (cf. *infra*), and were then classified as loanwords or French creations, *viz* derivatives and compounds, by applying the still valid typology of Deroy (1956: 215-234), next to the “hereditary” words.

To establish when a word has been coined, one can consult etymological dictionaries like the FEW from Von Wartburg (1922-), and other Middle French dictionaries, like the Godefroy (1880-1902) and the DMF 2015. For Old French, we can rely on the Tobler & Lommatzsch (1915). The TLFi also provides us with etymological notices and gives information about the first appearance of words. Nevertheless, there are some general issues with determining when a word was first coined. Dictionaries use certain corpora of texts and thus can’t obviously be exhaustive. Moreover, a lot of medieval manuscripts have been lost which means the first attestations of terms must be regarded as provisory, especially since medieval texts contained in manuscripts could be rediscovered at any moment. Another issue is that dictionaries sometimes provide us with wrong definitions of words. At other times, they don’t identify the passage in which the term appears, making it impossible for us to know if they interpreted this word correctly. Because we also have to know the meaning of words to judge if they are neological or not, this is very problematic. All these reasons explain why we didn’t look for first attestations of the neologisms, but we simply verify whether these medical terms have been coined during the Middle Ages or not.

By analyzing these medieval neologisms found in our corpus, we would like to examine the hypothesis that being embedded in word families with systematic and transparent correlations

between form and meaning reinforces the use of these neologisms and helps them survive. Construction Morphology (Booij 2010) considers complex words as “constructions on the word level” and the notion ‘construction’ is understood as “a conventionalized pairing of form and meaning”. Based on the principles of a hierarchical model, we will show how to establish more abstract-level generalizations, leading to the creation of word-families and abstract schemas, forming a morphological network (Booij 2008). Thus, we will analyze the word-family of *quartenaire* (“one who suffers from quartan fever”) and *quartain* (which means “quartan fever”, when combined with *fièvre* “fever”), borrowed respectively from the Medieval Latin *quartenarius* (“one who suffers from quartan fever”, DLD) and the Classical Latin *quartanus* (“quartan”, DLD). As *quartana febris* “quartan fever” is attested in Classical Latin (DLD), *fièvre quartaine* is in fact a structural loan. We will compare this word-family to that of the “hereditary” forms *quartenier* (“one who suffers from quartan fever”) and *quart* (which means “quartan fever”, when combined with *fièvre* “fever”) in order to ascertain which word-family is more likely to survive and for which reasons.

We’ve adapted the format of Booij’s (2008) constructional schemas to investigate if certain affixes are combined with learned – and thus loaned from Latin – stems/roots, rather than native French ones. According to Zwanenburg, the distribution of stems and affixes doesn’t seem arbitrary: native French affixes could be combined with learned or native stems, whereas learned affixes could only be combined with learned stems (Zwanenburg 1985 : 180-182 ; cf. also Zwanenburg 1992). We would like to verify this hypothesis in our corpus – at least for all the analyzed neologisms, which belong to the medical field of medieval pathology –, maybe thus confirming Zwanenburg’s (1985: 180) claim that “the distribution of suffixes is the fundamental criterion to distinguish learned derivation from non-learned derivation”.

Before creating these constructional schemas and studying which affixes are combined with native or non-native stems/roots, it’s very important to define these affixes clearly. While it may seem straightforward, it is not always easy to analyze (medieval) neologisms in stems/roots and affixes. For words like *apostemation*, *-ion* should be considered as the suffix and *apostemat-* as the stem, as confirmed by Bonami, Boyé & Kerleroux 2009 and Huot 2001, but other affixes can be more problematic. For example, it would be possible to analyze *-ence* as the suffix of *epilence* (“epilepsy”), on the one hand, and *-encie* as the suffix of *epilencie* (“epilepsy”), on the other. However, we’ve decided to consider *epilenc-* as the stem/root of both *epilence* and *epilencie*, and, *-e* and *-ie* as their respective suffixes, by analogy with other neologisms, like *alopice* (“baldness, mange”) and *alopicie* (“baldness, mange”). The first term consists of the root *alopic-* and the suffix *-e*, the second, of the root *alopic-* and the suffix *-ie*. Both words have exactly the same meaning and should be regarded as variants, as is the case with *epilence* and *epilencie* (“epilepsy”). However, presenting a paper at ISMo will be a nice opportunity to get valuable feedback from experts in morphology on these problematic cases.

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